

Exhibit A

NYCServ Violation Copy

Internet



0216401177

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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0216 401 177

ENFORCEMENT AGENCY: ERIC EISENBERG		
AGENCY CONTACT INFORMATION: ERICNOISE@-DIVISION:-HOTMAIL.COM		
LAST NAME OR COMPANY NAME (Print)	FIRST NAME	
SWING 46		
STREET ADDRESS	APT. NO.	
349 W 46 TH ST		
CITY	STATE	ZIP
NEW YORK	NY	10086
ID NUMBER:		
TYPE OF ID/ISSUED BY:		
DATE OF OCCURRENCE: 09 / 17 / 22	TIME OF OCCURRENCE: 6:47PM	
PLACE OF OCCURRENCE: 349 W 46 TH ST		
BOROUGH OF OCCURRENCE: MANHATTAN	CB No.	
<input type="checkbox"/> Alternative Service		

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 09 / 13 / 23 AT: 9:00AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

See reverse side for address

[borough]

Phone: (844)628-4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE
 WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties.
 If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration.
 The City might also take further legal action against you. See the back for more information.

Details of Violation(s)		OATH Code	AN	9	5
Section/Rule	NYC AD. CODE 24-244(B)	OATH Code	AN	9	5
Mail-In Penalty: \$	440	Maximum Penalty: \$	1750		
<input type="checkbox"/> Respondent must appear in person I OBSERVED RESPONDENT PLAYING SOUND FROM SPEAKER OR SPEAKERS, IN AWNING, OUTSIDE OF BUSINESS FOR COMMERCIAL/BUSINESS ADVERTISING PURPOSES (AUDIBLE ON SIDEWALK)					
<input type="checkbox"/> Property Removed <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Commercial					
NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.					
I, <u>ERIC EISENBERG</u> , affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above through my senses. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.					
RANK (TITLE) SIGNATURE OF COMPLAINT	<u>ERIC EISENBERG</u>	REPORT LEVEL (Fit 4 spaces) Convict, Sod, Ind, ex.			
COMPLAINT NUMBER	TAX REGISTRY NUMBER	AGENCY	999		
LAST NAME	FIRST NAME	ERIC			
STREET ADDRESS					
PO BOX 2452					
CITY	STATE	ZIP	10108		

OATH



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